PART DESIGNATION Consider the part of states in the part of states	MISSOURI DIVISION OF HEALTH 5 STANDARD CERTIFICATE OF DEATH DEPARTMENT OF PUBLIC HEALTH AND WELFARS 18. STATE FILE NUMBER STATE FILE NUMBER					
1 1 1 1 1 1 1 1 1 1			Registration District No			
St. Louis County St. Louis St. Loui	ON THIS STUB AMENDED FILED APR 2.5 1967					
D. CITY Iff sounds corporate limits, player TOWNSHIP only Length of Mary in 1s C. CITY Colors of March 1997 C. CITY	vs 300	اللما				
NOSPITAL ON BARNES HOSPITAL Ves No No No No No No No N			b. CITY (If outside corporate limits, give TOWNSHIP only) Length of stay in 1b c. CITY Inside	Limits		
NOSPITAL ON BARNES HOSPITAL Ves No No No No No No No N	_	WEI	TOWN ST. LOUIS, MISSOURI 2hrs TOWN Granite City	No □		
3. NAME OF BECEASED FIRST Middle DRESSI Lat DATE Month Day Year Month Day State Male LUCIAN DRESSI DEATH APRIL 12 1962 5. S. NAME OF BECEASED FIRST MIDDLE SIZE WINDS APPEAL 12 1962 5. S. NAME OF BECEASED FIRST MADE NAME MADE APPEAL 12 1962 6. COLOR OR RACE 7. Married Divorced H./1/1902 6. COLOR OR RACE Windowed Divorced H./1/1902 6. COLOR OR RACE Windowed Divorced H./1/1902 6. COLOR OR RACE Windowed Divorced H./1/1902 6. COLOR OR WARD MAIN. 7. / OB USUAL OCCUPATION (cive kind of work dome Divorced Divorced H./1/1902 6. COLOR OR WARD MAIN. 8. / OB USUAL OCCUPATION (cive kind of work dome Divorced H./1/1902 6. COLOR OR WARD MAIN. 9. ADE LEAST BETWEEN VILL STATE OF WARD COUNTRY WARD MADE APPEAL 12. CITEX OF WHAT COUNTRY WARD MADE APPEAL 12. CITEX OF WHAT COUNTRY WARD MADE APPEAL 12. CALLED OR WARD WARD MADE APPEAL 12. CALLED OR WARD WARD MADE APPEAL 12. CALLED OR WARD WARD WARD WARD WARD WARD WARD WAR	<u> </u>		c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR ADDRESS ADDRESS ADDRESS			
PRESERICK LUCIAN PRICE 12 1962 1965	2/207	五智	INSTITUTION BARNES HOSPITAL Yes X No ZOLO DELMAR AVE. Yes	No 🌋		
5 / S. SEX Male S. COLOR OR RACE 7. Married B. DATE OF BIRTH 9. AGE (lust birthday) 19. UNDER YEAR IF UNDER 24 PK MID 106. USUAL OCCUPATION (Give kind of work done) 106. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) 12. CITIZEN OF WHAT COUNTRY 12. CITIZEN OF WHAT COUNTRY 13. KATHER'S NAME 13. KATHER'S NAME 13. MORE FORCES 14. MORE FORCES 14. MORE FORCES 15. MORE FOR	3		(Type or print)			
Male Wintte Widowed Divorced H/1/1902 60 Months Days More Min. Male Wintte Widowed Widowed Wintte Widowed Wintte	4 0		FREDERICK LUCIAN DRESSEL DEATH APRIL 12 19			
PHENTIC STATE (TATE NAME Dairy Kane, Illinois U.S.A. Total	5 /		or, out a count of the country of th			
13. KATHER'S NAME 13. MOTHER'S MAIDEN NAME 14. NAME OF PURSAND OR WIFE 15. WAS DECASED EVER IN U.S. ARARD FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANY 2615° Bell mar 10. Order only one cause per line 17. INFORMANY 2615° Bell mar 18. CAUSE OF BATH (Enter only one cause per line 18. CAUSE OF BATH (Enter only one cause per line 19. ARTERIOSCLEROTTIC BASTILAR ARTERY DISEASE 18. TREVAL SETWEEN 18. CAUSE OF BATH (Enter only one cause per line 19. ARTERIOSCLEROTTIC BASTILAR ARTERY DISEASE 19. ARTERIOSCLEROTTIC BASTILAR ARTER		[,	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) 12. CITIZEN OF WHAT CO	OUNTRY		
S. WAS DECEASED EVER IN U.S. ARRED FORCES? G. SOCIAL SECURITY NO. 17. INFORMANT 261/97-Pelmar Jon L. Dressel Granite City, III.		8				
10 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	7 /		, , , , , , , , , , , , , , , , , , , ,			
Section Sect	8 /		15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 26140 mar			
ARTERIOSCIEROTIC BASTI AR ARTERY DISEASE 1 YEAR 11	9 1	1				
13 13 14 15 17 18 18 18 19 19 19 19 19 19 19	10	8 <u> </u>	18. CAUSE OF DEATH (Enter only one cause per line f PART I. DEATH WAS CAUSED BY: ONSET AND			
13 13 14 15 17 18 18 18 19 19 19 19 19 19 19	1		ARTERIOSCLEROTIC BASILAR ARTERY DISEASE 1 YEAR	3		
TO SET THE SIGNATURE STATE Course of the state of th	10 /70	AD NOC	334X			
DUE TO (c) PART III. If decased was female			above cause (a).			
NO BESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 19. WAS AUTOPSY 20a. ACCIDENT 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 20c. TIME OF How Month, Day, Year INJURY 20c. PLACE OF INJURY (e.g., in or about home, left bidge, etc.) 20c. TIME OF How Month, Day, Year INJURY 20c. PLACE OF INJURY (e.g., in or about home, left bidge, etc.) 20c. TIME OF How Month, Day, Year INJURY 20c. PLACE OF INJURY (e.g., in or about home, left bidge, etc.) 20c. TIME OF How Month, Day, Year INJURY 20c. PLACE OF INJURY (e.g., in or about home, left bidge, etc.) 20c. TIME OF How Month, Day, Year INJURY 20c. PLACE OF INJURY (e.g., in or about home, left bidge, etc.) 20c. TIME OF How Month, Day, Year INJURY 20c. PLACE OF INJURY (e.g., in or about home, left bidge, etc.) 20c. TIME OF How Month, Day, Year INJURY 20c. PLACE OF INJURY (e.g., in or about home, left bidge, etc.) 20c. TIME OF How Month, Day, Year INJURY 20c. PLACE OF INJURY (e.g., in or about home, left bidge, etc.) 20c. TIME OF How Month, Day, Year INJURY 20c. PLACE OF INJURY (e.g., in or about home, left bidge, etc.) 20c. TIME OF How Month, Day, Year INJURY 20c. PLACE OF INJURY (e.g., in or about home, left bidge, etc.) 20c. TIME OF How Month, Day, Year INJURY 20c. PLACE OF INJURY (e.g., in or about home, left bidge, etc.) 20c. TIME OF How Month, Day, Year INJURY 20c. CITY, TOWN, OR LOCATION (COUNTY 20c. PLACE OF INJURY (e.g., in or about home, left bidge, etc.) 20c. TIME OF HOW MONTH 20c. PLACE OF INJURY (e.g., in or about home, left bidge, etc.) 20c. TIME OF HOW MONTH 20c. PLACE OF INJURY (e.g., in or about home, left bidge, etc.) 20c. TIME OF HOW MONTH 20c. PLACE OF INJURY (e.g., in or about home, left bidge, etc.) 20c. TIME OF HOW MONTH 20c. PLACE OF INJURY (e.g., in or about home, left bidge, etc.) 20c. TIME OF	13		lying cause last) DUE TO (c)			
NO BEAUTOPSY 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 19. WAS AUTOPSY 20a. ACCIDENT SUICIDE HOMICIDE PREFORMED? YES IN NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 20. TIME OF Hour INJURY (e.g., in or about home, 20f. CITY, TOWN, OR LOCATION COUNTY STATE farm, factory, street, office bidg., etc.) 20. TIME OF Hour Month, Day, Year INJURY (e.g., in or about home, 20f. CITY, TOWN, OR LOCATION COUNTY STATE farm, factory, street, office bidg., etc.) 21. I attended the deceased from MARCH 1, 1962		J~	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART II (a) PART III. If deceased was few there a pregnancy in last	nale was it 90 days.		
Death occurred at	200	Z	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\			
Death occurred at		4DWE	19. WAS AUTOPSY 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 1 PERFORMED? SEE NO.	(8.)		
20d. INJURY OCCURED WHILE AT WORK 20f. CITY, TOWN, OR LOCATION COUNTY STATE 20d. INJURY OCCURED WHILE AT WORK 20f. CITY, TOWN, OR LOCATION COUNTY STATE 20d. INJURY OCCURED WHILE AT WORK 20f. CITY, TOWN, OR LOCATION COUNTY STATE 20d. INJURY OCCURED WHILE AT WORK 20f. CITY, TOWN, OR LOCATION COUNTY STATE 21. I attended the deceased from MARCH 1, 1962	v Z	AWE				
22c. DATE SIGNATURE 22c. DATE SIGNED 4/13/62 23c. BURIAL, CREMATION, 23b. FATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (State)	<u> </u>		20d. INJURY OCCURRED 20e. PLACE OF INJURY (e.g., in or about home, 20f. CITY, TOWN, OR LOCATION COUNTY farm, factory, street, office bldg., etc.)	STATE		
22c. DATE SIGNATURE 22c. DATE SIGNED 4/13/62 23c. BURIAL, CREMATION, 23b. FATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (State)	A S E	8				
23a, BURIAL, CREMATION, 23b. ATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (State)	BL KIT	D RE	21. I shelided the decessed float	ed.		
23a, BURIAL, CREMATION, 23b. ATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (State)	JSE		22a. SIGNATURE (Degree or title) 22b. ADDRESS 22c. DAT	•		
23a, BURIAL, CREMATION, 23b. PATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county)	1 1	[8] [6]	Hal Bearley MAD F. R. BRADLEY, M. D. BARNES HOSPITAL 4/13/			
			23a. BURIAL, CREMATION, 23b. ATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (State	•		
24. FUNERAL DIRECTOR 21st &DDCS1eveland 25. DATE RECD. BY LOCAL REG. 26. PESISTRATS SIGNATURE		ITEM NO.	Removal 4/14/02 Sunset Hill Cemetery Edwardsville Iwps, Ill	<u></u>		
24. FUNERAL DIRECTOR 21st & Carelleveland APR 14 1962 Can Smith, M.D.				al _		

STATEMENT BY LICENSED EMBALMER

with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting...

If this body is not embalmed, fact should be so stated above.

I hereby certify that the body whose name is	recorded on the reverse side of this certificate was embalmed by me,		
or by	Student Embalmer No.		
working under my personal supervision.	Signed Josen H Davis		
Student	Signed oren A along		
Signature of Student Embalmer	Licensed Embalmer No. 9254		
	P. O. Address Tranite City, Il		
Note: The above MUST BE SIGNED BY THE	LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply		